

# The Pump Handle



"I had an interview with the Board of Guardians of St. James's parish, on the evening of Thursday, 7th September, and represented the above circumstances to them. In consequence of what I said, the handle of the pump was removed on the following day."

John Snow, 1855

## November 2004 Topics

- Influenza Update
- Reporting Hospitalized Pediatric Influenza Cases
- Tuberculosis Web Course



### **Influenza Update**

Information regarding influenza is available at the North Dakota Department of Health (NDDoH) influenza website at [www.ndflu.com](http://www.ndflu.com). National, state and county influenza activity is updated every Wednesday during the influenza season. Other topics on this website include historical influenza data, surveillance program information, vaccine information, educational materials and fact sheets, new releases and links to other influenza sites.

The following is a summary of reported influenza cases as of 12/1/2004:

Age Group (Years)	Number of cases reported (YTD)
< 1	1
1 – 5	2
6 – 10	1
11 – 19	4
20 – 24	0
25 – 34	1
35 – 44	2
45 – 54	3
55 – 64	2
65 +	2

<b>Type of Influenza</b>	<b>Number of cases reported (YTD)</b>
Influenza A, H1N1	0
Influenza A, H3N2	4
Influenza A, unspecified	5
Influenza B	2
Influenza, unknown type	7
Total	18

On Oct. 5, 2004, the Centers for Disease Control and Prevention (CDC) announced that Chiron Corp., one of the manufacturers of influenza vaccine in the United States, would not be allowed to ship influenza vaccine due to manufacturing quality control concerns. Approximately half of the influenza vaccine in the United States this year was to be supplied by Chiron Corp.

Due to the severely limited vaccine supply in the United States, the American Committee on Immunization Practices (ACIP) recommended that healthy people forgo influenza vaccination this season and that the following high-risk groups be targeted for vaccination (in no specific priority):

- Children age 6 to 23 months
- Adults age 65 and older
- People age 2 to 64 who have chronic medical conditions, such as heart disease or asthma
- Women who will be pregnant during influenza season
- Residents of nursing homes and long-term care facilities
- Children age 6 months to 18 years who are on chronic aspirin therapy
- Health-care workers who provide direct patient care
- Out-of-home caregivers and household contacts of children younger than 6 months

Eight influenza coordinators from local public health units have been designated to work with public and private providers to evaluate influenza vaccine needs and vaccination activities in their areas. They also have participated in weekly conference calls with members of the North Dakota Department of Health.

Private providers and local public health units coordinated redistribution of vaccine in shortage areas of the state and to vaccinate those in the priority risk groups. Special efforts were conducted among local public health units and private providers throughout North Dakota to provide vaccine to long-term care residents.

The NDDoH recently purchased an additional 2,000 doses of influenza vaccine for distribution through the local public health units across the state. Another 5,700 doses are available for North Dakota in December and January. With the vaccine recently purchased, it is anticipated that all areas of the state should now have adequate supplies of vaccine to vaccinate people in the priority groups.

It is especially important that all children younger than 9 who have not previously been vaccinated for influenza receive two doses separated by one month. The NDDoH Immunization Program has adequate supplies of childhood influenza vaccine for all children to receive two doses. Providers may order childhood influenza vaccine by contacting 701.328.3386 or toll-free at 800.472.2180.

An influenza update web conference was conducted by the CDC on Nov. 19, 2004. The web conference provided an update about the national influenza vaccine supply and also provided valuable information regarding influenza antiviral medication and infection control measures to prevent the transmission of influenza. For more information or to view the archived web conference, visit:

[www.cdc.gov/flu/professionals/training/novnetconf.htm](http://www.cdc.gov/flu/professionals/training/novnetconf.htm).



### **Reporting Hospitalized Pediatric Influenza Cases**

Influenza is a mandatory reportable condition in North Dakota. The North Dakota Department of Health (NDDoH) is following up on all influenza cases occurring among children age 6-23 months to determine their vaccination status. In addition, the NDDoH is requesting all influenza-associated hospitalizations in children younger than 18 be reported immediately to the NDDoH.

Beginning Oct. 1, 2004, the CDC added influenza-associated pediatric mortality (i.e., among people younger than 18) to the list of conditions voluntarily reportable to the National Notifiable Diseases Surveillance System. The action was based on recommendations developed collaboratively by the Council of State and Territorial Epidemiologists (CSTE) and CDC and was approved at the 2004 CSTE annual meeting. The CSTE position statement about influenza-associated pediatric mortality can be viewed at [www.cste.org/ps/2004pdf/04-ID-04-final.pdf](http://www.cste.org/ps/2004pdf/04-ID-04-final.pdf).

An influenza-associated death is defined for surveillance purposes as a death resulting from a clinically compatible illness that was confirmed to be influenza by an appropriate laboratory or rapid diagnostic test with no period of complete recovery between the illness and death. More information on the influenza-associated death case definition and appropriate laboratory tests can be viewed at [www.cdc.gov/epo/dphsi/casedef/Influenza-Associated\\_current.htm](http://www.cdc.gov/epo/dphsi/casedef/Influenza-Associated_current.htm).

Please report **all** influenza-associated pediatric deaths **immediately** to the North Dakota Department of Health, Division of Disease Control at 800.472.2180 or 701.328.2378. The following information regarding the fatality is necessary:

1. Patient demographics – name, date of birth, sex, ethnicity, race, and city and county of residence
2. Clinical summary with history of illness
3. Laboratory results, including documentation of influenza virus infection
4. Influenza vaccination status
5. Autopsy report if available
6. Travel history

Any questions regarding the reporting of pediatric influenza-associated hospitalizations or deaths should be directed to Melissa Casteel, Influenza Surveillance coordinator at 800.472.2180 or 701.328.2378.



### **Tuberculosis Web Course**

The Centers for Disease Control and Prevention Division of Tuberculosis Elimination has released a web-based course entitled *Interactive Core Curriculum on Tuberculosis: What the Clinician Should Know*. The course is intended to present basic information about tuberculosis (TB) – including the diagnosis, treatment and prevention – for clinicians who are caring for people with or at high risk for latent TB infection and TB disease. Guidelines for patient management and public health practice have been revised, and new methods of diagnosis have been introduced.

By completing the nine chapters in this course, you will learn about issues regarding the resurgence of TB in the late 1980s and early 1990s, identify TB trends in the United States and list groups at risk of exposure to or infection with TB.

You may access the web-based course at:

[www.cdc.gov/nchstp/tb/webcourses/corecurr/index.htm](http://www.cdc.gov/nchstp/tb/webcourses/corecurr/index.htm).

*Contributing authors of The Pump Handle include Julie Goplin, Tracy Miller, Kirby Kruger and Larry Shireley. For questions, suggestions or inquiries, or to be removed from the mailing list, please contact Julie Goplin of the Division of Disease Control at 701.238.2375 or by email at [jgoplin@state.nd.us](mailto:jgoplin@state.nd.us).*

*The pump handle picture in the title was obtained from the website [www.ph.ucla.edu/epi/snow.html](http://www.ph.ucla.edu/epi/snow.html).*



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